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National action

(Chapter XIII, section C, of the draft programme of action of the Conference)

Text submitted by the Vice-Chairman, Mr. Lionel Hurst (Antigua and Barbuda) (Working Group I), on the basis of negotiations held on document A/CONF.171/PC/5

Chapter XIII

NATIONAL ACTION

[[[C. Resource mobilization and allocation

Basis for action

13.11. Allocation of resources for sustained human development at the national level generally falls into various sectoral categories. How countries can most beneficially allocate resources among various sectors depends largely on each country's social, economic, cultural and political realities as well as its policy and programme priorities. In general, the quality and success of programmes benefit from a balanced allocation of resources. In particular, population-related programmes play an important role in enabling, facilitating and accelerating progress in sustainable human development programmes, especially by contributing to the empowerment of women, improving the health of the people (and particularly of women and children, and especially in the rural areas), slowing the growth rate of demand for social services, mobilizing community action and stressing the long-term importance of social sector investments.

13.12. Domestic resources provide the largest portion of funds for attaining development objectives. Domestic resource mobilization is, thus, one of the highest priority areas for focused attention to ensure the timely actions required to meet the objectives of this Programme of Action. Both the public and the private sectors can potentially contribute to the resources required. Many of the countries seeking to pursue the additional goals and objectives of the Programme of Action, and especially the least developed countries and other poor countries that are undergoing painful structural adjustments, are continuing to experience recessionary trends in their economies. Their domestic resource mobilization efforts to expand and improve their population and development programmes will need to be complemented by a significantly greater provision of financial and technical resources by the international community, as indicated in chapter XIV. In the mobilization of new and additional domestic and donor-source resources, special attention needs to be given to adequate measures to address the basic needs of the most vulnerable groups of the population, particularly in the rural areas, and to ensure their access to social services.

13.13. Based on the current large unmet demands for [reproductive health and family-planning] services and the expected growth in numbers of women and men of reproductive age, demand for services will continue to grow very rapidly over the next two decades. This demand will be accelerated by growing interest in delayed child-bearing, better spacing of births and earlier completion of desired family size, and by easier access to services. Efforts to generate and make available higher levels of domestic resources, and to ensure their effective utilization, in support of service-delivery programmes and of associated information, education and communication activities, thus, need to be intensified.

13.14. Basic [family-planning and reproductive] health services, involving support for necessary training, supplies, infrastructure and management systems, especially at the primary health-care level, would include the following major components, which should be integrated into basic national programmes [for population and reproductive health]:

(a) In the [family-planning services component - contraceptive commodities and service delivery;] capacity-building for information, education and communication regarding [family planning and] population and development issues; national capacity-building through support for training; infrastructure development and upgrading of facilities; policy development and programme evaluation; management information systems; basic service statistics; and focused efforts to ensure good quality care;

(b) In the basic [reproductive health services] component - information and routine services for prenatal, normal and safe delivery and post-natal care; [safe abortion (as permitted by the laws of individual countries);] information, education and communication about [reproductive health], including sexually transmitted diseases, human sexuality and responsible parenthood, and against harmful practices; adequate counselling; diagnosis and treatment for sexually transmitted diseases and other reproductive tract infections, as feasible; prevention of infertility and appropriate treatment, where feasible; and referrals, education and counselling services for sexually transmitted diseases, including HIV/AIDS, and for pregnancy and delivery complications;

(c) In the sexually transmitted disease/HIV/AIDS prevention programme component - mass media and in-school education programmes [and expanded condom distribution];

(d) In the basic research, data and population and development policy analysis component, national capacity-building through support for demographic as well as programme-relevant data collection and analysis, research, policy development and training.

13.15. It has been estimated that in the developing countries and countries with economies in transition, the implementation of programmes in the area of [reproductive health, including those related to family planning], maternal health and the prevention of sexually transmitted diseases, as well as other basic actions for collecting and analysing population data, would cost, at a minimum: [$17.0 billion in 2000, $18.5 billion in 2005, $20.5 billion in 2010 and $21.7 billion in 2015]. Programme costs in the closely related components which should be integrated into basic national programmes for population and reproductive health are estimated as follows:

(a) The family-planning programme component is estimated to cost: [$10.2 billion in 2000, $11.5 billion in 2005, $12.6 billion in 2010 and $13.8 billion in 2015], of which, on average, 75 per cent is for the delivery system, which can provide a foundation for the delivery of other reproductive health services.

This estimate is based on census and survey data which help to project the number of [couples and individuals] who are likely to be using family-planning

information and services. Projections of future costs allow for improvements in quality of care. While improved quality of care will increase costs per user to some degree, these increases are likely to be offset by declining costs per user as both prevalence and programme efficiency increase.

(b) The [reproductive health] component (not including the delivery-system costs, which are summarized under the [family planning] component) is estimated to add: [$5.0 billion in 2000, $5.4 billion in 2005, $5.7 billion in 2010 and $6.1 billion in 2015].

The estimate for reproductive health is a global total, based on experience with maternal health programmes in countries at different levels of development, selectively including other reproductive health services and some incremental delivery-system costs. The full maternal and child health impact of these interventions will depend on the provision of tertiary and emergency care, the costs of which should be met by overall health sector budgets.

(c) The sexually transmitted disease/HIV/AIDS prevention programme is estimated to cost: [$1.3 billion in 2000, $1.4 billion in 2005 and approximately $1.5 billion in 2010 and $1.5 billion in 2015].

(d) The basic research, data and population and development policy analysis programme is estimated to cost: [$500 million in 2000, $200 million in 2005, $700 million in 2010 and $300 million in 2015].

13.16. It is tentatively estimated that up to two thirds of the costs will continue to be met by the countries themselves. However, the least developed countries and other low-income developing countries will require a greater share of external resources on a concessional and grant basis. Thus, there will be considerable variation in needs for external resources for population programmes, between and within regions. The global requirements for international assistance are outlined in paragraph 14.8 of chapter XIV.

13.17. Additional resources will be needed to support programmes addressing population and development goals, particularly programmes seeking to attain the specific social sector goals contained in this Programme of Action. The health sector will require additional resources to strengthen the primary health-care delivery system, child survival programmes, emergency obstetrical care, and broad-based programmes for sexually transmitted disease/HIV/AIDS control, as well as the humane treatment and care of those infected with sexually transmitted disease/HIV/AIDS, among others. The education sector will also require substantial and additional investments in order to provide universal basic education and to eliminate disparities in educational access owing to gender, geographical location, social or economic status etc. [For example, the investments required for the provision of universal primary education and the elimination of disparities in educational access owing to gender, geographic location, social or economic status etc. have been estimated by the United Nations Educational, Scientific and Cultural Organization and the United Nations Children's Fund to cost $5 billion additional per year over this decade with additional resources needed for further improvements in quality.]

13.18. Additional resources will be needed for action programmes directed to improving the status and empowerment of women and their full participation in the development process (beyond ensuring their basic education). The full involvement of women in the design, implementation, management and monitoring of all development programmes will be an important component of such activities.

13.19. Additional resources will be needed for action programmes to accelerate development programmes; generate employment; address environmental concerns, including unsustainable patterns of production and consumption; provide social services; achieve balanced distributions of population; and address poverty eradication through sustained economic growth in the context of sustainable development. Important relevant programmes include those addressed in Agenda 21.

13.20. The resources needed to implement this Programme of Action require substantially increased investments in the near term. The benefits of these investments can be measured in future savings in sectoral requirements; sustainable patterns of production and consumption and sustained economic growth in the context of sustainable development; and overall improvements in the quality of life.

Objective

13.21. The objective is to achieve an adequate level of resource mobilization and allocation, at the community, national and international levels, for population programmes, and for other related programmes, all of which seek to promote and accelerate social development, improve the quality of life for all, foster equity and full respect for individual rights and, by so doing, contribute to sustainable development.

Actions

13.22. Governments, non-governmental organizations, the private sector and local communities, assisted upon request by the international community, should strive to mobilize and effectively utilize the resources for population programmes that expand and improve the quality of [sexual and reproductive health] care, including [family-planning] and sexually transmitted disease/HIV/AIDS prevention efforts. In line with the goal of the present Programme of Action to ensure universal availability of and access to high quality [reproductive health and family-planning] services, particular emphasis must be put on meeting the needs of underserved population groups, including adolescents (with due respect for parental rights and responsibilities), the rural and the urban poor and on ensuring the safety of services and their responsiveness to women, men and adolescents. In mobilizing resources for these purposes, countries should examine new modalities such as increased involvement of the private sector, the selective use of user fees, social marketing, cost sharing and other forms of cost recovery. However, these modalities must not impede access to services and should be accompanied with adequate "safety net" measures.

13.23. Governments, non-governmental organizations, the private sector and local communities, assisted upon request by the international community, should strive to mobilize the resources to meet reinforcing social development goals, and in particular to satisfy the commitments Governments have undertaken previously with regard to Education for All (the Jomtien Declaration), the multi-sectoral goals of the World Summit for Children, Agenda 21 and other relevant international agreements, and to further mobilize the resources to meet the goals in this Programme of Action. In this regard, Governments are urged to devote at least 20 per cent of public sector expenditures to the social sectors, as well as 20 per cent of official development assistance, stressing, in particular, poverty eradication within the context of sustainable development.

13.24. Governments, international organizations and non-governmental organizations should collaborate on an urgent and ongoing basis in the development of precise and reliable cost estimates, where appropriate, for each category of investment.]]]